PÆDIATRICS.

UNDER THE CHARGE OF

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THE INCREASE IN WEIGHT OF PREMATURE INFANTS.

POTEL devotes his thesis (Paris, 1895) to this interesting subject, founding it upon a study of 173 infants born at periods from six and one-half to eight months of intrauterine life, who survived the dangerous period and were discharged from the maternity after a sojourn of an average of eighty-two days for the six and one-half months children and of twenty-eight days for those of eight months. Of 56 infants born at six and one-half months, 11 survived—a survival of 19.6 per cent., or a mortality of 80.4 per cent. The average increase in weight per day for one of these children was 9.4 gm. Of 131 infants born at seven months the survival was 41.9 per cent.; the mean daily increase of weight was 11.5 gm. Of 53 infants born at seven and one-half months the survival was 69 per cent. and the increase of weight 13.8 gm. Of 110 infants born at eight months 64.5 per cent. survived and the daily increase averaged 22.8 gm. The average weights at birth were as follows: At six and one-half months, 1408 gm.; at seven months, 1700 gm.; at seven and one-half months, 1900 gm.; and at eight months, 2150 gm. The loss of weight of the first three days in the premature is not more marked than in infants at term, but its consequences are more grave, since the recovery of the initial weight takes longer; it is also during this period of loss or stationary weight that the mortality is highest, those infants exempt from hereditary taint being the most resistant.

The increase in weight, as shown by the figures quoted, is longer deferred and slower as the infant is more premature. Thus, with an infant of six and one-half months the increase often does not commence till after the second week.

The proportion of infants saved is a tribute to the modern methods of dealing with these unfortunate cases.

A CASE OF TUBERCULOSIS OF THE INTESTINE BY INGESTION.

MARFAN and APERT (*Revue Mensuelle des Maladies de l'Enfance*, June, 1896, p. 273) record an interesting example of a form of tuberculous disease which is rare under the age of two years. The child, aged sixteen months, had been nourished only at the breast, with the exception of certain days, when the mother being at work, cow's milk had been given. The family history showed healed tuberculous cervical adenitis in the mother; one of her nine other children had died of tuberculous peritonitis and another had coxalgia.

At the age of nine months the patient had come under treatment for a suppurative adenitis of the neck, and at this time it was noticed that there were ulcerations upon the gums, covered by pultaceous and fetid exudate, which persisted despite treatment instituted at the time. At the age of thirteen months a diarrhœa began and persisted without amelioration till death, a few days after admission to the hospital. The autopsy revealed an enormous mass of tuberculous mesenteric glands, with tuberculous ulcerations of the colon, ileum, jejunum, and duodenum; liver, spleen, heart, and kidneys normal; a few small, recent grayish granulations in the lungs, with two small foci of broncho-pneumonia in the right base.

According to the authors, the first focus of disease was the mouth and the ganglia of the neck; next the intestine. The slight pulmonary lesions were of recent origin. The source of the infection may have been the milk of the mother or of the cow, or through the medium of soiled objects put in the mouth. Inoculation-experiments to clear up this point were not possible at the time.

Tuberculosis of the intestine is exceptional in the first two years of life, as shown by the statistics of Wiederhofer, who, in 101 cases of intestinal tuberculosis in childhood, found only six under two years of age and a percentage of eight for all cases of tuberculosis under two years, as opposed to 28 per cent. for cases in children from two to fifteen years of age. Three sources of origin for intestinal tuberculosis are possible: 1. In acute miliary tuberculosis small, gray, semi-transparent granulations may be found upon the intestinal mucous membrane. These are hæmatogenous in origin. 2. In young children with chronic pulmonary tuberculosis with cavities the intestine may be infected from the swallowed expectoration; the lesion then assumes the common ulcerous form seen in adult consumptives; it is extremely rare under two years. 3. After the ingestion of tuberculous food, especially the milk of a tuberculous cow. In these cases there may be no lesion of the intestinal mucous membrane, the bacillus having traversed it to find a suitable soil for growth in the mesenteric glands. When lesion of the mucous membrane occurs it ordinarily assumes a special form—discrete without ulceration. This is characterized by scattered submucous nodules, the size of a pea, filled with gray or cheesy, more or less softened material, and limited by a delicate fibrous covering, these nodules corresponding in position with the affected mesenteric gland.

PRIMARY SARCOMA OF THE VAGINA IN CHILDREN.

D'ARCY POWER (*St. Bartholomew's Hospital Reports*, 1896, vol. xxxi.) records a case under this title occurring in a girl of two years and four months, and quotes abstracts of twenty-four other cases collected in a rather hasty examination of the literature. From a consideration of these cases he concludes that primary sarcoma of the vagina is only a specialized form of malignant disease which may affect any or all of those connective tissues which are involved in the complicated developmental processes associated with the formation of the cloaca. The sarcoma grows in the connective tissue of the pelvic organs, and extends into the bladder, the urethra, the uterus, or the vagina. It is either well circumscribed, as in the case described, or is diffuse,